• • • • • • • • • • • • • • • • • • •						7/04		0411		
PATENT APPLICATION FEE DETERMINATION RECOR					Application or Oocket Number					
· / Effec	tive January 1,	2003			<u> </u>	MER	?	k-27	<u> 29</u>	
CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY TYPE			OTHER THAN		
TOTAL CLAIMS	14 _			RA	JΕ	FEE		RATE	FEE	
FOR	MANDER FRED	NUMB	ER EXTRA	BAS	C FEE	375.00	OR	Basic Fee	750.00	
TOTAL CHARGEABLE CLAIMS	1 4- minus 20	.0		XS	9=		OR	X\$18=		
INDEPENDENT CLAIMS	/ minus 3	= 00		X	2=		OR	X84°		
MULTIPLE DEPENDENT CLAIM PRESENT				•14	10=		OR	+280a		
* If the difference in column 1 i	s less than zero, en	iter "O" in c	column 2	10	TAL		OR	TOTAL	201	
CLAIMS AS	AMENDED - PA	RT II	(Catumn 3)	SM	ALL:	ENTITY	OR	OTHER		
CLAIMS REMAINING AFTER	N PRE	GHEST UMBER EVIOUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		PATE	ADDI- TIONAL FEE	
		20	- 8	×	9=	ree	OR	X\$18-	400	
Independent - 3	Minus	3	•	X4	2=		OR	X84=		
FIRST PRESENTATION OF	WULTIPLE DEPENDE	NT CLAIM		1	10 =		OR	+280=		
•				<u> </u>	OTAL		OR	YOYAL ADDIT, FEE	400	
5/23/15 (Column 1)		otumn 2)	(Column 3)	ADDIT	. PEE			, res		
CLAMAS	- H	CHEST				ADDI-	l		ADDI-	
REMAINING AFTER AMENOMEN	PRI	WASER EVIOUSLY ND FOR	PRESENT	P≥	TE	TIONAL FEE		RATE	TIONAL FEE	
REMARKING AFTER AMENOMENT Total	Minus	28	=	XS	9=		OR	X\$18=		
Independent • 3	Minus	3	<u>- /</u>	X4	2-	•	OR	X84=		
FIRST PRESENTATION OF	MULTIPLE DEPENDE	ENT CLAIM	<u> </u>	.+1	40-		OR	+280=		
		•			OTAL I. FEE		OЯ	ADDIT. FEE		
615105 (Column)	n rei	olumn 2)_	(Column 3)	_						
CLANAS	H	KUHEBY MIMBER	PRESENT			ADDI-	1		ADDI-	
	PR	EVIOUSLY AID FOR	EXTRA	R/	TE	TIONAL FEE		RATE	TIONAL	
AMENDMEN Total Total	Minus	88	2	X	9=		OR	X\$18•		
independent e 3	Minus •••	3	- (] X	2=		OA	X84=		
FIRST PRESENTATION OF	MULTIPLE DEPEND	ENT CLAIM	4	<u>، ا</u> ا	40=		ОЯ	+280=		
If the entry in column 1 is less the If the "Highest Number Provious)	DOMEST IN THE STR			<u> </u>	OZAL I. FEE		OR	TOTAL ADDIT. FEE		
"If the Highest Number Previously The Highest Number Previously					-		n in c			
				Between an	4 Tonds	red Office.	J.B. C	EPARTMENT C	CONSTER	

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